

APPLICATION FOR MEMBERSHIP
PEACE OFFICER'S ANNUITY & BENEFIT FUND
OF GEORGIA
P.O. Box 56
Griffin, Georgia 30224
770-228-8461

1. Full Name _____
(First) (Middle) (Last) (Social Security Number)
2. Home Address _____
(Street) (Home Phone)
3. _____ Date of Birth _____
(City) (State) (Zip)
4. Presently Employed By _____
(Name of State Dept., County or Municipality) (Business Phone)
5. Date your present employment began _____ Job Title _____
6. By whom are you paid? _____
7. How many hours per week do you normally work? _____
8. Have you ever been a member of this Fund before? _____
9. Have you ever applied for membership before and not been accepted? _____
10. Name Beneficiary in case of death _____
Relationship _____ Address _____

11. Do you have legal power and authority to make arrests? _____
Does your position require P.O.S.T. Certification? _____ Certification No _____
12. Are you required to devote your full working time to the duties of an arresting officer? _____
13. Do you serve civil processes and/or other official papers? _____
14. What is your primary duty? _____
(General Law Enforcement, Guarding Prisoners, Jailor, Probation Officer, etc.)
15. Are you required by your employer to guard prisoners during all your working hours? _____
16. If you have other duties in addition to guarding prisoners, list these: _____

17. Have you ever received a refund of dues paid to the Fund? _____

If so, were you still employed as a peace officer at the time? _____

—Other Side of this Form Must Also Be Completed by All Applicants—

List below all Peace Officer Employment positions held prior to the date of this application.

Employed by:	Dates		Job Title
	From	To	

This application for membership will not be considered unless accompanied by the following:

- (a) Certification of employment executed by Employing Agency. (Form #201).
- (b) Check or Money Order for First Month's Dues (\$20.00).
- (c) Application Fee (\$25.00) - \$45.00 Total.

I, the undersigned applicant, hereby certify that I have read all of the foregoing application for membership in the Peace Officers' Annuity and Benefit Fund of Georgia and that I am employed as a Peace Officer as defined for purposes of membership in this Fund by the State of Georgia, or one of the political subdivisions thereof, as hereinabove named. I further certify that in the event there is any change in my employment, job description, employee or change in my job title, duties, or address, I shall immediately notify the Secretary/Treasurer of the Fund of each of the aforementioned changes during the time I maintain my membership in said retirement fund. (NOTE: Failure to notify the Secretary/Treasurer of this Fund of any of the above mentioned changes may endanger your membership in this Fund.)

Date _____
Applicant's Signature _____

AUTHORIZATION TO RELEASE INFORMATION

By signature below _____
(Please print full name)

does hereby authorize any present or prior employer to release to the PEACE OFFICERS' ANNUITY AND BENEFIT FUND OF GEORGIA such information concerning my employment with said employers as the PEACE OFFICERS' FUND may require to process my application for Membership or Benefits. This includes dates of employment (for determining service credit) and work description (for determining eligibility for membership).

Signature _____

Date _____

Witnesses this _____ day of _____, 20____

Notary Public